

Child Nutrition Programs - Security Authorization Form

This form must be submitted for **each** individual requesting Level 3 "Enter/Certify" security access rights to any of the Child Nutrition Program applications on the Michigan Education Information System (MEIS). Each organization may designate a maximum of two individuals and must submit a separate form for **each** individual to obtain Level 3 access.

School District / Organization / Institution Name	Agreement Number
1. Designated MEIS Applications Check boxes below for which Level 3 "Enter/Certify" access rights are being requested.	
a. CHILD NUTRITION APPLICATION PROGRAM (CNAP) School Meals Program Child & Adult Care Food Program - Centers Child & Adult Care Food Program - FDCH Sponsor Summer Food Service Program Summer Camp Special Milk Program The Emergency Food Assistance Program Commodity Supplemental Food Program	b. CLAIM FORM School Meals Program Child & Adult Care Food Program - C Claim Child & Adult Care Food Program - FDCH Claim Summer Food Service Program Summer Camp Special Milk Program
c. LEARS - VERIFICATION SUMMARY REPORT School Meals Program	d. YEAR END REPORT - SM-4012-A/R School Meals Program The Year End Report is not required for schools operating the Special Milk Program ONLY.
2. Designated Individual (CANNOT BE A FOOD SERVICE MANAGEMENT COMPANY EMPLOYEE) I agree to protect my user ID and password from unauthorized use and understand that all activity under my user ID is my responsibility. I further understand that by reporting Child Nutrition Program data on MEIS I am certifying that the data is true and correct, that records are available to support it and that it is in accordance with the terms of the existing Agreement.	
Signature _____ Date _____	* A _____ MEIS Account Number
Print Name _____ Title _____	Telephone Number _____
* If you HAVE already established a MEIS account, enter the existing account number above. DO NOT CREATE ANOTHER ONE. * If you do NOT have a MEIS account number, go to: http://michigan.gov/meis and click on the MEIS logo box on the top of the screen. Click on "Create a MEIS Account" and follow instructions.	
Check if you are a: Replacement Designee _____ <div style="text-align: right;">Name of Former Designated Individual to be Removed from Security Access</div>	
3. Authorization by Superintendent, Administrator or Institution Official or Owner I attest that the above named individual is authorized to initiate and electronically submit Child Nutrition Program applications to the Michigan Department of Education and to grant Level 1 "Read Only" or Level 2 "Enter/Edit" access rights to other individuals within the organization.	
Signature of Superintendent / Administrator / Institution Official or Owner _____	Title _____
Print Name _____	Date _____
4. Mail or fax form to: Ruby Zavala, Michigan Department of Education, GCSS, P.O. Box 30008, Lansing, MI 48909 Fax: (517) 373-4022	